COMMUNITY ROOM USE APPLICATION

WATERFORD TOWNSHIP PUBLIC LIBRARY 5168 Civic Center Drive Waterford, MI 48329 248.618.7681

* Please call the above nu	mber to check availability before submitting application *
Date of Meeting	Day of Week
(MM/DD/YY)	
Time: FromT	To Meeting Start Time
ORGANIZATION	
Non-profit? Yes No)
Address	Phone
Contact Person	Title
Address	
Home Phone	Business Phone
Type of activity	
Will you be charging a fee? _	If yes, for what purpose?
NOTE: Use of the Library's n	ame and telephone number on any publicity except as the location for th
event is strictly prohibited.	
Anticipated attendance	
FACILITIES REQUIRED	(check one)
Community Room A	
(2 hours minimum, additiona	ul time in 1-hour increments)
`	30 (approximately 16 with tables)
0 1 1	anizations \$20.00/2 hours \$10/hour for each additional hour
1 0 1	0.00/2 hours \$10/hour for each additional hour
Community Room B -	includes use of kitchen facilities, coffee urns
(2 hours minimum, additiona	
`	30 (approximately 16 with tables)
	anizations \$30.00/2 hours \$10/hour for each additional hour
1 0 1	0.00/2 hours \$10/hour for each additional hour
Tor profit organizations \$50	0.00/ 2 Hours \$10/ Hour for each additional Hour
	&B combined includes use of kitchen facilities, coffee urns
(2 hours minimum, additiona	,
0 1 1	60 (approximately 30 with tables)
1 0 1 0	anizations \$40.00/2 hours \$15/hour for each additional hour
☐ For profit organizations \$66	0.00/2 hours \$15/hour for each additional hour

EQUIPMENT REQUIRED (check all that apply)
LecternDry marker boards with markers/erasers (Not available in Room B)
Easel with writing pad
Screen (wall screen in Room A)
Projector
Wired Internet Access (Wireless also available)
VCR
DVD playerMicrophone/Sound System
Overhead projector (for use with transparencies)
Coffee / hot water urns (extra charge)
Kitchen facilities (sink, microwave, refrigerator) available in Room B or Rooms A&B combined
Please list any equipment your organization will bring into the Library for this meeting:
ROOM ARRANGEMENT (check one)
Room A & B Rooms A or B
Diagram 1 - Lecture style, chairs onlyDiagram 5 - Lecture style, chairs only
Diagram 2 - Open Round TableDiagram 6 - Round TableDiagram 3 - U ShapeDiagram 7 - U Shape
Diagram 4 - Rows of TablesDiagram 8 - Rows of Tables
Note: Tables measure 30"x60" and generally seat 2.
Please note any modifications to the room arrangement on the appropriate diagram.
GROUP NAME TO BE DISPLAYED ON SIGN BOARD AT ROOM ENTRANCE:
The undersigned hereby states that she/he has read the Community Room Policy of the Waterford Township Public Library relative to use of the facilities and agrees to all arrangements, responsibilities and fees therein stated. The undersigned further states that he/she has the authority to sign this application for the above-named organization.
application for the above numer organization.
Signature Date
Return the completed application to the Library Administrative office no less than 2 weeks prior to the date of use.
FAX: 248.674.1910 PHONE: 248.618.7681
TO BE COMPLETED BY LIBRARY STAFF
The above application for use has been approved for the date, rooms and equipment specified. Your total
fees are, and payable immediately upon receipt of this confirmation
and not less than one week before the use date of